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FACSIMILE 303-938-9995

FACSIMILE TRANSMISSION

DATE: April 25, 2005

FROM:

Michael J. Setter, Reg. 37,936

NUMBER OF PAGES (including this page):

3

TELEPHONE: (303) 938-9999 ext. 13
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TO:

TELEPHONE:

Commissioner for Patents
United States Patent and
Trademark Office

RE:

FAX: (703) 872-9306

Application No. various see
attached list

Filed: various see attached list

Art Unit:

Examiner:

Inv.:

Docket No.

MESSAGE Attached are the following:

1. Transmittal (one page);
2. CORRESPONDENCE ADDRESS INDICATION FORM.

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PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

		Application Number	see attached
		Filing Date	see attached
		First Named Inventor	
		Art Unit	
		Examiner Name	
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission		one	Attorney Docket Number

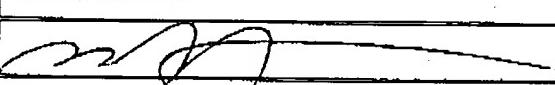
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s). (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
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Remarks

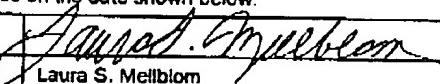
It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 502622 for the required fees.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	SETTER OLLILA LLC		
Signature			
Printed Name	Michael J. Setter		
Date	4/25/05	Reg. No.	37,936

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Typed or printed name	Laura S. Mellblom
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PTO/SB/121 (05-03)

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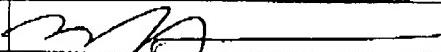
Request for Customer Number (PTO/SB/125) submitted herewith.

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APR 25 2005

In the following listed application(s) or patent(s) :

Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/433,850		1/14/1999
	09/640,260		8/16/2000
	09/750,629		12/28/2000
	09/696,562		10/25/2000
	09/654,714		9/5/2000
	09/802,194		3/8/2001
	10/093,762		3/8/2002
	10/093,677		3/8/2002
	10/261,013		8/30/2002
	09/919,283		7/31/2001

Typed or Printed Name	Michael J. Setter			(check one)
Signature				<input type="checkbox"/> Applicant or Patentee
Date	4-25-05	Telephone	(303) 938-9999 x13	<input type="checkbox"/> Assignee of record or the entire Interest. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
Address of signer: SETTER OLLILA LLC 2060 Broadway, Suite 300 Boulder, CO 80302				<input checked="" type="checkbox"/> Attorney or agent of record 37,936 (Reg. No.)
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.				

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